

Smoking Addiction among Dental Students of Central India

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Letter to Editor

The Editor

The diminution of tobacco use among the Indians appears as the single greatest opportunity for preventing non-communicable diseases in the world today as the nation represents one-sixth of the global population. If the present consumption pattern continues, the annual death toll could rise to more than eight million by 2030 with 7 million of these deaths occurring in developing countries, mainly China and India.¹

The Portuguese introduced tobacco to India 400 years ago and established a tradition of the tobacco trade in their colony of Goa. 200 years later the British introduced commercially produced cigarettes to India and established tobacco production in the country. Today, 34.6% of the adult population use tobacco in any one form or the other as per the Global adult tobacco survey conducted in 2009-2010. Of which 14.0% of them use tobacco in the form of smoking. The survey also reported 24.3% of males and 2.9% of females are current smokers in India.²

Health care professional plays a major role in tobacco control and cessation, both for the community as a whole or toward the individual patient. The students of the dental health care profession have their major duty to help smokers to quit and to prevent people indulging in smoking activity. Survey conducted by World Health Organization (WHO) in 2005 suggested that approximately 10 (9.6%) of 3rd year dental students in India currently smoke cigarettes and 3.7% currently use other tobacco products.³

The descriptive cross-sectional questionnaire-based study was conducted among 3rd year and final year pre-graduate dental students in all six dental colleges of Bhopal city, central India. The study protocol was discussed, and ethical approval was taken from the Ethical Committee of the people's university. The written consent

was also obtained from the respective authorities of all the colleges where study was conducted. Data was coded and entered into excel sheet that was later analyzed using SPSS for Windows (version 17, SPSS Inc., Chicago, IL, USA). The result of the study showed that out of 847 students, 138 (16.3%) were current smokers, 79 (9.3%) use to smoke in the past and 630 (74.3%) had never smoked. Although, tobacco use among the health professionals was found out to be 25.1% in Jaipur⁴ city of India. They also reported tobacco use was highest in the form of smoking.

In the present study, around 33% of males and 1.5% of females were current smokers that was apparently similar with the study conducted in Jordan where 31% of male and 4% of female dental students were smokers.⁵ More than half (50.7%) of the smokers smoked 6-10 times in a day and 8 (5.7%) smoke 16-20 times in a day. Among the smokers 69 (50.0%) wanted to quit, and 49 (35.5%) had already tried to quit the smoking. This signifies that most of the smokers will quit the habit if they get effective tobacco cessation counseling and proper follow-up at regular interval.

This study concludes that the dental students themselves indulged in the smoking habit, this reflect alarming situation and demands tobacco cessation measures to be adopted by health professionals, who happens to be health promoters and health role models for society. But, surprisingly the study also showed that 70% of current smokers would like to do tobacco cessation counseling for their patients. However, health professionals who continue to smoke cigarettes send an inconsistent message to patients whom they counsel to quit smoking. Moreover, dental health professionals, who are considered as health promoter and educator, if involve in tobacco consumption practice can leave a negative impact on society. Furthermore, self-use of tobacco has also been identified as a

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significant barrier to anti-tobacco counseling by health professionals.

First, dental colleges should develop and promote effective cessation program to reduce tobacco use among dental students. They should also strengthen and enforce the legislation aimed at smoke-free healthcare campus premises and buildings. Because tobacco cessation measures to be first adopted by health professionals, who have their duty as health givers or caretakers for the society. Also, it has been seen that the health professionals who are consumers of tobacco are less likely to raise the issue of tobacco consumption with their patients and lack the credibility on tobacco cessation. Dental council of India should emphasize more on tobacco education, and dental curriculum should include

the assignment for each student to refrain at least one smoker from smoking.

Smoking cessation activities should be stressed more during lectures and training modules should be integrated with the undergraduate education. Both aspects, the community-based programs and the individual communication skills, need to be emphasized. Because, the educational system's movement towards prevention and holism is a trend that deals with the relevant themes in our changing society and that can contribute to the development of student's attitude.

Strong governmental reforms and intense education of the population will be required if the tobacco epidemic in India is to be brought under control.

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